



सत्यमेव जयते

FAMILY PLANNING

Guidance Booklet for
Community Health Officers
(CHOs)



Family Planning Division,
Ministry of Health & Family Welfare







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राष्ट्रीय स्वास्थ्य मिशन

Family Planning Division,
Ministry of Health & Family Welfare



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Ministry of Health & Family Welfare

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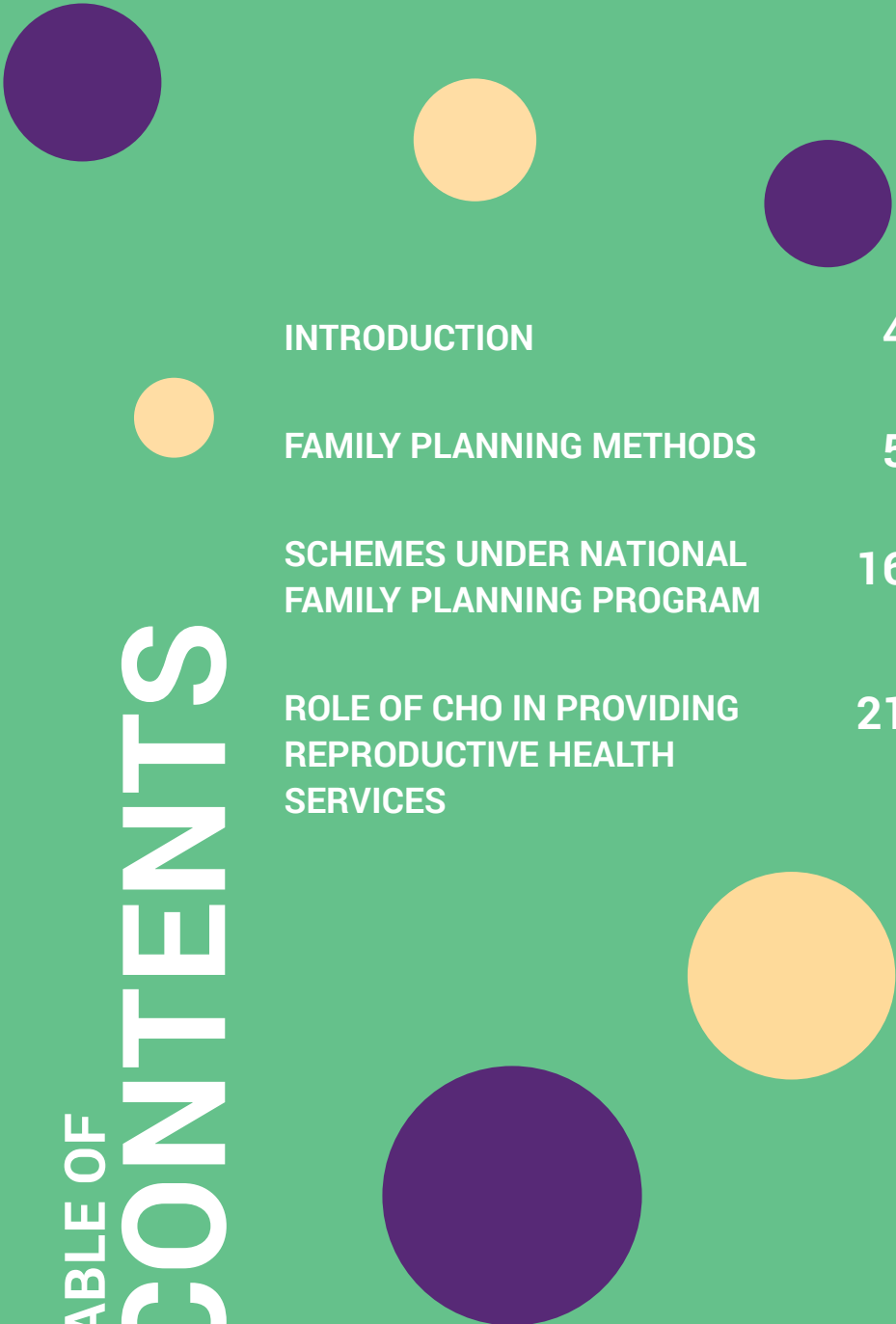


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1 Introduction

Couples have the right, as well as the responsibility, to plan their families i.e. deciding whether to have children, when to have children and taking appropriate steps to achieve the goal of a desired family size. Family planning methods help to prevent unwanted pregnancies and preventable deaths occurring due to 'too soon/ too many' births, thus impacting maternal, newborn, and child health outcomes.

Situation of pregnancy	Description	Bad consequences related to Mother's health	Bad consequences related to Child's health
Too early/ Too late	Age of mother <18 years or >35 years	• Anemia • Increased chances of – Infections – Abortions – Hemorrhage – Obstructed labour – Pre-eclampsia/ eclampsia – Premature rupture of membrane	• Low birth weight • Increased chances of infant mortality
Too frequent	(i) Interval between two pregnancies is less than 2 years (ii) After miscarriage or abortion, next pregnancy within 6 months		
Too many	Women is pregnant for the 5th time or more		

Healthy Timing and Spacing of Pregnancy (HTSP):

A woman considering using a family planning method before trying to become pregnant should:

- Wait until the age of 20 years before she conceives for the first time.
- Wait at least 24 months after childbirth to become pregnant again (the recommended birth interval between two births is minimum 36 months).
- Wait at least 6 months after miscarriage or abortion to conceive again.

Use of contraceptives helps in maintaining HTSP, because pregnancy can occur as early as:

- 6 months postpartum, if woman is exclusively breastfeeding her child
- 6 weeks postpartum, if woman is not exclusively breastfeeding her child
- 4 weeks postpartum, if woman is not breastfeeding at all
- 10 days of first trimester abortion
- 4 weeks of second trimester abortion

Pregnancy can occur even before resumption of menses after childbirth/ abortion.



2 Family Planning Methods

The beneficiaries for family planning services are women/couples of reproductive age group (15-49 years). The contraceptive basket of choice under National Family Planning program includes following methods:

Spacing Methods	Permanent Methods
• Intra-Uterine Contraceptive Device - IUCD 380A, IUCD 375 • Injectable Contraceptive MPA (under Antara Program) • Subdermal Contraceptive Implant (Single Rod) • Combined Oral Contraceptive Pills (Mala N) • Centchroman Pills (Chhaya) • Condoms (Nirodh)	• Female Sterilization (Laparoscopic/ Minilap Sterilization) • Male Sterilization (Conventional/ Non-Scalpel Vasectomy)

Note: All available methods are provided free of cost through public health facilities and ASHAs.

2.1 Intra-uterine Contraceptive Device (IUCD)

A method of contraception, made of plastic and copper, inserted in uterus. There are two types of IUCD:

- IUCD 380 A- protection for 10 years
- IUCD 375- protection for 5 years.

After informed verbal consent from the client, the IUCD can be inserted by trained providers.

- **Interval IUCD-** Any time during menstrual cycle/ after 6 weeks of delivery/ after 12 days of completion of abortion.
- **Postpartum IUCD (PPIUCD)-** Within 48 hours of vaginal delivery / concurrent with C Section
- **Post-Abortion IUCD-** within 12 days of completion of abortion (surgical abortion). In case of medical abortion, the completion of abortion is ascertained on 12th day after the intake of second pill or 15th day after intake of first pill.



Follow up: Woman must visit health facility at 6 weeks or after first menstrual cycle (whichever is earlier)

Benefits of IUCD	Clarifying Misconceptions
• Highly effective long acting reversible contraceptive method. • No hassle of remembering to use contraceptive before each sexual contact. • Immediately effective on insertion/ immediate return of fertility on removal. • Free from side effects of hormonal methods. • Can be used as emergency contraception if inserted within 5 days of unprotected sex.	• Does NOT cause Infertility. • Does NOT cause Cancer. • Does NOT travel from uterus to other parts of the body. • Does NOT increase risk of infection. • Does NOT cause discomfort during sex. • Does NOT lead to frequent abortions.

Effects of IUCD insertion (non-harmful and reversible)

- Slight bleeding/ spotting after insertion.
- Increase in duration/ amount of menstrual bleeding/ spotting/ light bleeding during first few months after insertion.
- Discomfort or cramps during insertion and for the next few days.

2.2 Injectable Medroxy Progesterone Acetate (Antara Programme)

Intramuscular hormonal method for women that provides protection for 3 months with a single dose. First dose is given only after screening by a trained doctor (MBBS and above) and subsequent doses may be given by trained health provider (Doctor/ CHO/ SN/ ANM) in the health facility.



Dose and site: The injection is given intramuscularly in the upper arm, buttocks or thigh, as per the client preference

Subsequent doses: Woman must visit the health facility on scheduled date (3 months from earlier dose). It is best to come on the scheduled date, though there is a flexibility of (2 weeks earlier or 4 weeks later) than the exact date.

Remember to tell the client

- Take the next dose on scheduled date.
- Do not massage the injection site.
- Do not apply fomentation (hot or cold).
- Always carry your MPA card whenever visiting health center.

If the client does not take the subsequent dose in the stipulated period (grace period), she seeks the injection as a new client.

Benefits of Injectable MPA	Clarifying Misconceptions
• No interference with sexual intercourse. • Private and confidential method. • Can be adopted as postpartum (Breastfeeding- At 6 weeks of delivery and Non-Breastfeeding at 4 weeks after delivery) or post-abortion contraception (within 7 days of completion of abortion). • No effect on quantity and quality of milk. • Decreases menstrual cramps and menorrhagia (heavy bleeding), • Prevents/ improves anaemia. • Protects against endometrial & ovarian cancer. • Protects against ectopic pregnancy.	• Does NOT cause Infertility. • Does NOT cause weakening of bones. • Does NOT lead to Abortions or birth defects. • Can be safely used by adolescents. • Does NOT cause cancers (breast/ cervix/ endometrium).
Effects of Injectable MPA (non-harmful and reversible)	
• Menstrual Irregularities: Light/ Heavy/ No bleeding. • Delay in return of fertility (7-10 months from last dose of injection). • Slight weight gain. • Mood swings. • Headache.	

2.3 Subdermal Contraceptive Implant (Single Rod)

A Contraceptive Implant is a small flexible rod about the size of a matchstick, placed under the skin of the upper arm of the woman, using a pre-loaded sterile disposable applicator. It is a long acting reversible hormonal contraceptive method effective for 3 years after insertion. It is inserted by a trained provider (MBBS and Above) at the designated health facilities.



Site of the insertion

Implant is inserted just under the skin, on the inner side of the non-dominant upper arm

Benefits of Contraceptive Implants	Effects of Contraceptive Implant (non-harmful and reversible)
• Highly safe and effective long-acting reversible contraceptive method. • There is early return of fertility following removal. • Can be used by nearly all women, including those who are breastfeeding, • Can be taken safely immediately after delivery and abortion • Helps protect against risks of pregnancy, including ectopic pregnancy • Helps protect against symptomatic pelvic inflammatory disease • May help protect against iron deficiency anaemia, by reducing menstrual flow as amenorrhoea sets in. • Does not require any action from the user after insertion • Does not interfere with sexual activity or pleasure	• Some women may complain of changes in monthly bleeding pattern: Irregular/ prolonged/ heavy bleeding often followed by no bleeding • Can occasionally be associated with headaches, mood changes, breast tenderness etc.

Post Insertion Instructions or messages:

- Insertion site should be kept dry and clean for at least 2 days, to prevent chances of infection. After 2 days, the outer bandage may be removed.
- Puncture site usually heals in 3-5 days. The inner dressing can, thus, be removed after 5 days.

- Can resume routine work immediately; only caution is to avoid repeated touching of the insertion site or applying unusual pressure and, carrying heavy loads for 5 days.
- Some swelling or bruising may be experienced for a few days at the insertion site which is normal.
- Return to the health facility anytime in case of any side effects / problems or if she wants the implant to be removed.

Follow up:

- Contraceptive implant users do not require a routine return visit until it is time to replace the implant i.e., after 3 years of insertion. However, visits at 6 weeks and 3 months after insertion are encouraged to review her menstrual pattern, and address concerns, if any.
- Ask client to return to the health facility if she experiences any of the following:
 - Menstrual Changes affecting her daily routine work
 - Pain, swelling, pus, or redness at the insertion site that becomes worse, or she sees the rod coming out.
- Ensure that every client who has got implant inserted has received Implant card. Explain her details in the Implant card like do's and don'ts along with other necessary information like date of Insertion, due date of removal, site of insertion, expected menstrual changes etc. Explain that it is important to retain card if she wants to get implant removed at the designated facility.

Post Removal Instructions or messages:

- Keep the area around the insertion site dry and clean for at least 2 days. The incision could become infected if the area gets wet while the client is bathing.
- Remove the outer bandage after 2 days and inner dressing until the incision heals (about 5 days).
- There may be bruising, swelling, or tenderness at the insertion site for a few days. This is normal.

- Routine work can be done immediately. Avoid repeated touching or applying unusual pressure to the site, including carrying heavy loads.
- After healing, the area can be touched and washed with normal pressure.
- Ask her reproductive intentions and if she wants contraceptive protection, implant needs to be reinserted or another method may be offered.

2.4 Centchroman Pills

This is a non-hormonal, non-steroidal, weekly pill which is suitable for nearly all women including those who are unmarried and have no children. It is available as 8 tablets per strip. For initiation, the first pill is to be taken on the first day of period



If 1st day of pill is	First 3 months	After 3 months
Sunday	Sun, Wed	Sunday
Monday	Mon, Thu	Monday
Tuesday	Tues, Fri	Tuesday
Wednesday	Wed, Sat	Wednesday
Thursday	Thu, Sun	Thursday
Friday	Fri, Mon	Friday
Saturday	Sat, Tues	Saturday

(as indicated by the first day of menstrual bleeding), next pill three days after. Therefore, one pill is taken twice a week for first three months; Starting from fourth month, the pill is to be taken once a week on the first pill day and should be continued on the weekly schedule.

How to manage missed pills

- Take a pill as soon as possible after it is missed.
- If pill is missed by 1 or 2 days but lesser than 7 days, normal schedule should continue and use a back-up method (e.g. Condoms) till next period.
- If pill is missed by more than 7 days, discard the pill, use condom till next cycle and start the pack as a new beneficiary.

Benefits of Centchroman	Effects of Centchroman (non-harmful and reversible)
• No hormonal effects. • No interference with sexual intercourse/pleasure. • Can be adopted as postpartum (earlier than 4 weeks of delivery) or post-abortion contraception (within 7 days of completion of abortion). • No effect on quantity and quality of milk. • Immediate return of fertility on discontinuation. • Prevents/ improves anaemia.	• Delayed / Prolonged Periods. • Scanty Periods over time.

2.5 Combined Oral Contraceptive Pills (Mala N)

Combined oral contraceptive pills (COCs) are available in strip of 28 pills, (21 are hormonal (combination of Levonorgestrel (0.15mg) + Ethinyl estradiol (30 micrograms). The pill must be taken daily, without any break to avoid risk of pregnancy.

Who cannot use COCs

- **Breastfeeding women**
<6 months postpartum
- **Non-breastfeeding**
<3 weeks postpartum.
- **Women who smoke**
>15 cigarettes/day and are more than equal to 35 years old.
- **Women with the following conditions:**
 - Deep vein thrombosis
 - Heart disease, bleeding disorders
 - Liver disease



- Recurrent migraine headaches
- Unexplained abnormal vaginal bleeding
- Breast cancer
- Currently taking anticonvulsants for epilepsy
- With advice of clinician, in case of following conditions:
 - Women with hypertension (BP 140/90)
 - Diabetes, (advanced or long standing), with vascular problems, or central nervous system, kidney, or visual disease

How to manage missed pills

Missed 1 or 2 pills	• Take one hormonal pill as soon as possible/ two pills at scheduled time.
Missed 3 or more pills in 1st/2nd week	• Take one hormonal pill as soon as possible and continue scheduled pill. • Use back up method (condom) for next 7 days.
Missed 3 or more pills in 3rd week	• Take one hormonal pill as soon as possible and finish all hormonal pills as scheduled. • Start new pack next day. • Use back up method (condom) for next 7 days.
Missed any non-hormonal pills (Iron pills)	• Discard the missed non-hormonal pill(s). • Continue taking COCs. Start new pack as usual.

Benefits of COC

- Decrease in menstrual flow and cramps.
- Regulates menstrual cycle.
- Decreases ovarian cysts.
- Decrease benign breast lumps.
- Protect against ovarian and endometrial cancer.
- Prevents ectopic pregnancy.
- Immediate return of fertility on discontinuation.

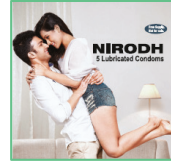
Effects of COC (non-harmful and reversible):

- Bleeding changes (irregular/scanty/no bleeding/spotting).
- Nausea/vomiting/headache.
- Weight changes/ Breast tenderness/Acne.

Note: Offer help to choose another method if she wishes to discontinue or cannot overcome the problems.

2.6 Condoms (Nirodh)

It is a barrier method of contraception which prevents entry of sperms in genital tract. It is safe and suitable for couples of all age groups irrespective of the marital status.



Key points to remember

- Use a new condom each time.
- Always check condom wrapper for any tear, holes or damage. If any, discard the condom.
- Condom should be put on an erect penis only.
- May tear or slip off if not used properly.
- After use, always knot the condom and discard properly.

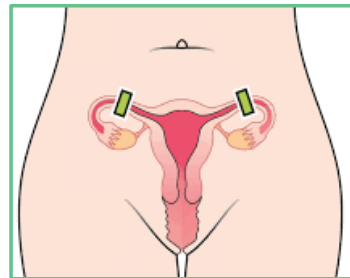
Benefits of Condom

- Non-hormonal, free from side effects.
- Only contraceptive that provides dual protection (from unwanted pregnancy and STI/ HIV infection).
- No drug interactions.
- No effect on quality and quantity of milk.
- Can be used as soon as sexual activity resumes after delivery/abortion).
- No change in fertility.
- No requirement of follow up.

2.7 Sterilization

Female Sterilization

It is a permanent method of contraception which can be adopted once the couple's family is complete. Procedure involves ligation of both the fallopian tubes which can be done either through minilap procedure or laparoscopic procedure.



Benefits of Female Sterilization

- Safe, simple and highly effective method.
- Permanent and effective immediately.
- No further contraceptive is required.
- No long-term side effects.
- Can be adopted concurrently with Delivery/Abortion or within 7 days.
- No effect on quality/ quantity of milk.

Follow Up

- After 48 hours (first contact is established).
 - On the 7th day for stitch removal.
 - After one month or first menstrual period, whichever is earlier.
 - Success of the procedure can be ascertained after first menstrual cycle.
- The Sterilization Certificate can be collected after one month of the procedure from the health facility.

Male Sterilization

It is a permanent method of contraception which can be adopted once couple's family is complete. The procedure involves ligation of the vas deferens to prevent entry of sperms in the penis.

Benefits of Male Sterilization

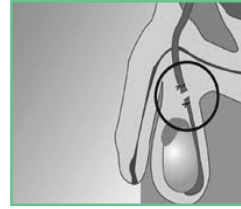
- Safe, simple and highly effective method.
- No cut, no stitches required.
- Acceptor can walk back after 30 minutes of the procedure.
- Minimal/ no post-operative complications or discomfort.
- No long-term side effects.

Clarifying Misconceptions

- Has no effect on Masculinity.
- Does not affect sexual performance or drive.
- Does not cause weakness or ability to perform day-to-day functions.
- Does not cause lasting pain in back or abdomen.

Follow up

- Client should report to the health facility for semen examination three months after the surgery.
- It is important to use reliable contraceptive method till the success of the procedure can be ascertained.
- Success of the procedure can be ascertained after semen examination only. The sterilization certificate can be collected after three months of the procedure from the health facility if the procedure is successful.



Key points to note (for female and male sterilization)

- It is surgical procedure that has possibility of complications/ failure, requiring further management.
- In unlikely event of complication/failure/death, there is redressal mechanism in form of indemnity cover.
- Client must provide a written informed consent for the procedure.
- Reversal of procedure involves major surgery and success cannot be guaranteed

Who can adopt sterilization in government health facilities?

- Client should be ever-married.
- Age should be between 22-49 years (for females) and 22-60 years (males).
- Should have at least one child who is above one year of age (unless medically indicated).
- Client and their spouse/partner should not have undergone successful sterilization in the past.
- Medical eligibility (to be ascertained by provider).

3 Schemes under National Family Planning Program

3.1 Home delivery of contraceptives by ASHA

Under this scheme, ASHA delivers the contraceptives at the doorstep of the clients as per the need. The contraceptives include condoms (Nirodh),

centchroman pills (Chhaya), COCs (Mala-N) and emergency pills (Ezy Pill). The salient features of the scheme are as follows:

- ASHAs would make a list of all the eligible couples of village and preferred method of contraceptive of each couple. This data of users should be updated regularly and shared with Sub center and PHC.
- ASHA shall replenish her contraceptive stock every month from the sub center/ PHC/ block (as per the existing system established by the state). Monthly meetings could be one of the opportunities to receive contraceptive stocks every month.

3.2 Ensuring spacing at birth scheme

Under this scheme, the ASHA would counsel the newly married couples to ensure HTSP and limit family size. For this, ASHA is given incentives as per following -

- Rs. 500/- to ASHA for delaying the birth of first child for two years after marriage.
- Rs. 500/- to ASHA for ensuring spacing of 3 years between 1st and 2nd child birth.
- Rs. 1000/- to ASHA in case the couple opts for permanent limiting method after 1 or 2 children.

3.3 Pregnancy Testing Kit (Nishchay Kit)

Under this scheme, ASHA would regularly collect Nishchay kit from the sub center and provide it to women for detection of pregnancy.

Salient features of the scheme are as follows:

- ASHA should inform the women about availability of Nishchay Kit with them.
- ASHA should counsel women regarding advantages of early detection of pregnancy.



- ASHA should provide the Nishchay kit to client for early detection of pregnancy and tell her how to use the Kit. She should also tell the client how to read the pregnancy test results. ASHA may help and conduct the test for clients who are not able to understand how to read the results on their own.
- ASHA should refer the client, as per client's need and pregnancy test results.

3.4 PPIUCD/ PAIUCD incentive scheme

Under this scheme:

- Rs. 300 is paid to the acceptor of PPIUCD/ PAIUCD to cover their transport and incidental costs.
- Rs. 150 is paid to the service provider per insertion.
- Rs. 150 is paid ASHA for motivating/escorting the client to health facility.



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3.5 Sterilization Compensation Scheme

Under this scheme, the acceptor, motivator as well as the service provider are given compensation for sterilization adoption/ service provision as following:

Public Health Facility		Acceptor	ASHA/ Health Worker	Others	Total
High focus states (OD, UK, HR, GJ)	Male Sterilization	2000	300	400	2700
	Female Sterilization	1400	200	400	2000
	Postpartum Sterilization	2200	300	500	3000
Mission Parivar Vikas	Male Sterilization	3000	400	600	4000
	Female Sterilization	2000	300	500	2800
	Postpartum Sterilization	3000	400	600	4000
Other High focus (SK, Ladakh, J&K, HP)	Male Sterilization	1100	200	200	1500
	Female Sterilization	600	150	250	1000
Non-High Focus States	Male Sterilization (All)	1100	200	200	1500
	Female Sterilization (BPL/ SC/ST)	600	150	250	1000
	Female Sterilization (APL)	250	150	250	650

Private accredited Health Facility		Acceptor	ASHA/ Health Worker	Others	Total
High focus states (OD, UK, HR, GJ)	Male Sterilization	1000		2000	3000
	Female Sterilization	1000		2000	3000
Mission Parivar Vikas	Male Sterilization	1000		2500	3500
	Female Sterilization	1000		2500	3500
	Postpartum Sterilization	1000		3000	4000
Other High focus (SK, Ladakh J&K, HP)	Male Sterilization		200	1300	1500
	Female Sterilization		150	1350	1500
Non High focus states	Male Sterilization (All)		200	1300	1500
	Female Sterilization (BPL/SC/ST)		150	1350	1500

3.6 FP-LMIS (Logistics Management Information System)



Family Planning Logistics Management Information System (FP-LMIS) is a user-friendly web based, mobile app based, and SMS based application for strengthening the supply chain of FP commodities.

It is a unified computerized application developed to monitor and manage the family planning commodities at all levels. The application calculates annual demand, enables online indenting, distribution & stock management and provides critical information on stock outs, over stock, expired and damage stock in the form of reports and graphs to decision makers to assist in monitoring of the family planning commodities supply chain system.

Salient Features of FP-LMIS:

- Web based, Mobile App based, and SMS based application.
- Instant access to stock information from national level to ASHA level.
- Auto forecasting of contraceptives.
- SMS alerts for key indicators.
- Auto generated reports for program review.



4

Role of CHO in providing reproductive health services

The service delivery by CHO must be ensured at two levels:

Community Level Interventions

Facility level Intervention (at HWC-SC)

4.1 Community Level Interventions

Community level interventions/ services are provided through frontline functionaries (ANM, ASHA) and to be supervised by CHO:

- Support the frontline functionaries in identifying the level of health facilities according to specific needs of the clients.
- Counselling on importance of appropriate age of marriage, delaying conception after marriage, spacing and limiting methods.
- Ensure community- based distribution of contraceptives (including Combined oral contraceptive pills (Mala N), Condoms (Nirodh), Centchroman pills (Chhaya).
- Ensure provision of emergency contraceptive pills (Ezy pill), if required.
- Follow up with spacing contraceptive users for continuing use/switching to other methods.
- Counselling and referral for adoption of long acting reversible contraceptive methods (like injectables and IUCD) and limiting FP methods.
- Ensure distribution of Pregnancy Testing Kit (Nishchay Kit) for early detection of pregnancy and registration thereafter.
- Counselling on adoption of post abortion contraception.
- Counsel the women and family during ANC, early labour and PNC period on importance of healthy timing and spacing of birth and encourage her for adoption of postpartum contraception.

4.2 Facility level Intervention (at HWC)

A health sub-center is the first and peripheral most point of contact between the primary health care system and the community. Service delivery at HWC must be provided through trained Community Health Officer.

- Update the eligible couple survey register by ASHA/ ANM. Ensure that eligible clients requiring limiting options are included in line listing by ASHA.
- Counsel the women on importance of healthy timing and spacing of birth and encourage her for adoption of postpartum contraception during ANC, early labour and PNC period.
- Provision of short acting methods- condoms, oral contraceptive pills (Mala N, Chhaya). Provision of emergency contraception, if required.
- Install condom boxes at the health facility to promote condom uptake and encourage male participation in family planning.
- Provision of long acting reversible contraceptive methods- Injectable Contraceptives and interval IUCD.
- Provision for PPIUCD insertion if the facility is a delivery point.
- IUCD removal and its reporting (both interval and post pregnancy).
- Follow up, counselling, early management and referral (if required) for side effects of contraceptives, if any.
- Ensuring continuity of contraceptive method and record method switching, if any.
- Counselling and referral for adoption of limiting methods to couples whose family size is complete. Conduct primary screening for Sterilization at HWC, if warranted.
- Early detection of pregnancies through pregnancy testing kits (Nischay Kit).
- Place indents and issue stocks through FP-LMIS and update the stock position regularly.
- Counselling for adoption of post- abortion contraception.
- Support conduction of IEC/ BCC activities to promote awareness and demand generation (Wall paintings, Display of contraceptive options, folk plays, interpersonal communication etc.).
- Maintain proper records of services provided at the HWC and referrals.

4.3 Services at Referral Site

The CHO is responsible for appropriate referrals to PHC/ CHC and follow up on treatment protocol suggested by Medical Officers/ Specialists.

- Provision of long acting reversible contraceptive methods- Injectable and IUCD (interval, postpartum and post-abortion IUCD).

- IUCD removal and its reporting (for both interval and post pregnancy).
- Provision of permanent sterilization services- male sterilization, female sterilization in interval, postpartum and post-abortion period (Minilap sterilization at PHC and above facility and Laparoscopic sterilization at CHC level or above facility and at PHC only in fixed day mode services).
- Ensuring continuation of contraceptive method and record method switching, if any.
- Management of all complications attributable to contraceptive use, including those not managed at community/ HWC-SC level, if any.

4.4 Trainings of Community Health Officer on Family Planning

The CHOs must undergo following trainings to provide contraceptive services and information at facility and community level:

Contraceptive Method	Days of Training	Reference Manual	Eligibility
IUCD	5 days	Reference Manual for IUCD services	Ayurvedic doctor/ Nurse (GNM or B.Sc). Additionally, if CHO is SBA trained, he/she can provide PPIUCD services.
Injectable MPA	1 days	Reference Manual for Injectable MPA	Ayurvedic doctor/ Nurse (GNM or B.Sc).
Oral Pills	1 days	Reference Manual for Oral Contraceptives	Ayurvedic doctor/ Nurse (GNM or B.Sc)/ B.Sc Community Health
Counselling Skills	6 days	Reference Manual for Integrated RMNCAH+N Counseling	Ayurvedic doctor/ Nurse (GNM or B.Sc)/ B.Sc Community Health
FPLMIS	2 days	Reference Manual for FPLMIS	Ayurvedic doctor/ Nurse (GNM or B.Sc)/ B.Sc Community Health

Priority Actions at HWC-SC:

1. Enumerate population and update registers along with RCH portal and ANMOL tablets.
2. Support organization of VHNDs and FGDs as per GOI guidelines and discussing issues with involvement of AAA platform.
3. Organize village level IEC and BCC activities like- saas bahu sammelans, health melas, couples' meet, mothers' meet, fathers' meet, nukkad natak etc for generating awareness about health services including information on referral facilities and transport.
4. Ensure availability of essential commodities, drugs, registers and other consumables.
5. Ensure proper maintenance of service records (including IUCD cards, IUCD registers, MPA cards, MPA registers, eligible couple register, commodities register etc.).
6. Support MPWs and ANM/ASHAs in their tasks including on-the-job mentoring and supervision and undertaking the essential functions of HWC such as inventory management, upkeep and maintenance of services, records and management of finances.
7. Undertake supportive supervisory visits with ASHA and support her in preparation of village health plans.
8. Ensure timely referral to higher facilities depending on service need of the patient and capacity of the referral institute.
9. Capacity building and hand holding of ASHA and ANM on communication skills, counselling skills and other need-based services.
10. Establish referral linkages to higher centers for cases that cannot be managed at concerned facility.

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N O T E S





MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

Supported by USAID-NISHTHA/Jhpiego